

Supplemental

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
98-PO151

In Re Application Of: Kathleen M. Miller et al

Serial No.

10/071,840

Filing Date

2/8/02

Examiner

Unassigned

Group Art Unit

3738

Title: **IMPLANTABLE OR INSERTABLE MEDICAL DEVICES RESISTANT
TO MICROBIAL GROWTH AND BIOFILM FORMATION**

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37 CFR 1.97(b)

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

OR

☐ the fee set forth in 37 CFR 1.17(p).

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In Re Application: Kathleen M. Miller et al.			
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IMPLANTABLE OR INSERTABLE MEDICAL DEVICES RESISTANT TO MICROBIAL GROWTH AND BIOFILM FORMATION			
<p>Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input type="checkbox"/> The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Charge the amount of _____ <input type="checkbox"/> Credit any overpayment. <input type="checkbox"/> Charge any additional fee required. </p>			
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<p>*This certificate may only be used if paying by deposit account.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p><i>David B. Bonham</i> _____ Signature</p> </div> <div style="width: 45%;"> <p>Dated: <i>May 13, 2002</i></p> </div> </div>			
<p>David B. Bonham Reg. No. 34,297 Mayer Fortkort & Williams, PC 251 North Avenue West, 2nd Floor Westfield, NJ 07090</p> <p>Tel.: 703-433-0510</p> <p>CC:</p>			

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